

# WISCONSIN RELOCATION COMPLAINT

WI Department of Commerce  
Division of Community Development  
Relocation Unit  
P.O. Box 7970  
Madison, WI 53707-7970

The information you provide may be used by other agency programs {Privacy Law s. 15.04 (1) (m)}

**IMPORTANT: Please attach copies of any correspondence or documents which may support your complaint.**

## PLEASE PRINT ALL APPLICABLE INFORMATION

|  |  |
|--|--|
| Your Name:   |  |
| Address You Were Displaced From:                                 |  |
| Your Present Address (Number, Street, City, State and ZIP code): |  |
| Telephone Number   |  |
| HOME:  | WORK:                                      |
| Complaint Against (Displacing Agency):                           |  |
| Agency Address (Number, Street, City, State, ZIP code):          |  |
| Agency Telephone Number:   | Name of Person You Dealt With From Agency: |

Have you filed a relocation claim with the displacing agency? ☐ Yes ☐ No

Have you filed a complaint or appeal with the displacing agency? ☐ Yes ☐ No

Have you filed a complaint with any federal agency? ☐ Yes ☐ No

Is there a court action pending or completed relating to your complaint? ☐ Yes ☐ No

Please explain your relocation complaint:\_\_\_\_\_

[illegible]

Attach extra page(s) if necessary

What do you feel would represent a fair settlement of your complaint?\_\_\_\_\_

**Your Signature**\_\_\_\_\_ **Date**\_\_\_\_\_

Return complaint to: Division of Community Development, Relocation Unit, P.O. Box 7970, Madison, WI 53707-7970

NOTE: You have a right to appeal if you are dissatisfied with the relocation assistance or payments provided by the agency. Under Wisconsin law, section 32.26, the Department of Commerce may review relocation complaints and may hold an informal hearing in an attempt to reach a settlement. A displaced person may also have a right of action in court under section 32.20 of Wisconsin statutes.